B. Agency Capacity

WISCONSIN STATE STATUTES RELEVANT TO TITLE V MCH/CSHCN PROGRAM AUTHORITY

In 1993 Wisconsin Act 27, created Chapters 250-255 that significantly revised public health law for Wisconsin. See Appendix 2, Wisconsin Act 27, Chapter 253 in its entirety.

/2004/ Currently DPH is working on the revisions to the public health statutes ch. 250-251 Wis. Stats. with the intent to specifically include public health educators and public health nutritionists.

DHFS recently made two administrative rule changes addressing the birth and developmental outcome monitoring program (ss. 253.12) and the congenital disorders program (ss. 253.13). 1999 Wisconsin Act 114, enacted on May 8, 2000, replaced the Birth and Developmental Outcome Monitoring Program with the Birth Defect Prevention and Surveillance System. For the congenital disorders program, the Department initiated an emergency rule to add five aminoacidopathies to the existing Newborn Screening (NBS) Panel. We estimate that two to three babies will be detected with one of these five disorders annually. //2004//

/2005/ *No significant changes.* ***//2005//***

TITLE V MCH/CSHCN PROGRAM'S CAPACITY TO PROMOTE AND PROTECT THE HEALTH OF MOTHERS AND CHILDREN, INCLUDING CSHCN

Wisconsin's designated Title V MCH/CSHCN Program is in the DPH, BFCH, Family Health Section (FHS). We work in collaboration with other state agencies and private organizations, LPHDs, and community providers to assure that adequate health care services are delivered to mothers, children, and families in Wisconsin. See the Family Health Section website for further information at **www.dhfs.stat.wi.us/DPH_BFCH**.

/2004/ This spring, we submitted two new grant applications to build additional agency capacity for Title V MCH/CSHCN programming. The Title V MCH/CSHCN Program submitted the ECCS grant. Wisconsin plans to build on the established partnership of representatives (from more than 50 public and private, state and local agencies who have focused on early childhood issues for the past 10 years) to move the early childhood health system forward in Wisconsin. The Title V MCH/CSHCN Program is applying for a CDC Cooperative Agreement that will help us improve our birth defects prevention and surveillance activities in Wisconsin. //2004//

/2005/ *No significant changes.* ***//2005//***

State Support for Communities - The 1993 Wisconsin Act 27 established the principle that public health services in Wisconsin are the responsibility of the LPHDs. In January 2000, DPH put forward a consolidated contract plan to align the procurement practice for key public health services at the local level with this statutory directive. LPHDs are required by statute: to assess the community health status and available resources; to review and develop policy resulting in proposals to support and encourage better health; and to assure that needed services are available.

The consolidated contract process pulls together federal and state health-related funding, such as Title V MCH/CSHCN Program MCH, Prevention, Immunization, Lead, Tobacco, and Women's Cancer Control, into one single contract. In addition to the accounting change, there are program requirements that include: meeting specific quality criteria, negotiating Performance Based objectives, outlining risk and recoupment strategies if objectives are

not met, and identifying incentives if performance exceeds expectations. The Family Planning/Reproductive Health Program is not a part of the consolidated contract accounting process, but must follow the same program requirements as mentioned above. The same is true for the Women, Infants and Children (WIC) Program. The Native American tribes did not participate in the consolidated contract process in 2000, however negotiations continue.

The consolidated contract plan places LPHDs at the center of either the provision of those services or in the local management of those services if provided by non-public organizations. In instances where the LPHD did not want to provide or subcontract services the state assumed a primary responsibility and assurance role by making the funds available for interested agencies or organizations through a competitive process.

/2003/ There were 100 consolidated contracts issued to 92 LPHDs and eight contracts to seven private providers. Thirty-four LPHDs participated in consortiums. Of 1,075 total objectives, only 75 (with over 45 contracts) had less than 100% attainment. Of those, 31 objectives were subject to recoupment totaling $39,442.

An evaluation effort initiated by John Chapin, DPH Administrator is in progress. A final report will be presented to the DHHS, CDC, and Wisconsin DPH representatives in August 2002.

In order to make improvements in the 2003-2006 cycle, 14 subcommittees were formed to deal with program and process issues.

The MCH Subcommittee on Performance Based Contracting recommended eliminating the four MCH themes and instead, focus on the state public health plan's 11 health priorities. Recommendations to change the consolidated contract formula were made to include males, birth to 44, in the target population; and to take into account the unique travel needs inherent in rural areas. This will be done by calculating persons per square miles. The Family Planning/Reproductive Health Program and the WIC Program are participating in the Performance Based contract process. Negotiations continue with the Native American tribes. State and regional staff have conducted several consolidated contract trainings with the Native American tribes. //2003//

/2004/ LPHDs are becoming more comfortable with the concept of "accountability" and the importance of achieving population-based health outcomes. The aforementioned UW evaluation is not yet completed. A list of the 2003 MCH consolidated contract objectives is found in Appendix 3, MCH Consolidated Contract Objectives. Title V MCH/CSHCN Program funded services in the 2003 consolidated contract implemented services based on revised Boundary Statements. Services should increase healthy birth outcomes, and/or promote optimal growth and development for children and their families. //2004//

/2005/ *No significant changes.* ***//2005//***

City of Milwaukee Non-Public Provider of MCH Services - The City of Milwaukee was the only LPHD that did not accept its entire MCH allocation. Therefore, a competitive Request for Proposal (RFP) was released. The MCW was funded to provide comprehensive health services for adolescents and teen parents. St. Mary's Hospital and Sixteenth Street Community Health Center were funded for perinatal care coordination, and targeting Latino pregnant women not eligible for Medicaid.

/2003/ No significant change. //2003//

/2004/ The MCW continues to provide health evaluations, screenings, and services at their community clinic and outreach sites through the Milwaukee Adolescent Health Program (MAHP). Necessary immunizations, reproductive health care, substance abuse and mental health screening are provided. //2004//

/2005/ *The Milwaukee Adolescent Health Program continues to provide health care services at its community clinic and outreach sites. Both St. Mary's Hospital and Sixteenth Street Community Health Center in Milwaukee continue to provide perinatal care coordination.* ***//2005//***

New MCH Data System: SPHERE - During FFY 2003, the existing MCH Data System and the Family Planning/Reproductive Health Data System will be replaced with a state-of-the-art web-based application. The initial phase of SPHERE (Secure Public Health Electronic Record Environment) will be completed by January 2003 to help meet federal reporting requirements (Title V MCH/CSHCN Program demographics and national and state performance measures). It will be designed to document and report on statewide maternal and child health services and interventions, health status indicators and outcome measures for individuals, families, and the community.

SPHERE will be developed by the University of Wisconsin Department of Information Technology (UW DoIT). It will be incorporated as a Program Application Model (PAM) within the CDC/Public Health Data Model also known as National Electronic Disease Surveillance System (NEDSS). There will be an integrated data repository for all data captured or transferred from external systems. The web-based system will provide secure access by end-users and role-base security for the application.

/2004/ We have worked to make enhancements to SPHERE such as a connection to the WIC system and electronic billing. SPHERE meets security and privacy requirements for applicable public health data. SPHERE documents activities related to the following levels of public health practice: Individuals/Household: Changes in knowledge, attitudes, beliefs, practices, and behaviors of individuals and households; Community: Changes in community norms, community attitudes, awareness, practices, and behaviors; System: Changes in organizations, policies, laws, and power structures. Within SPHERE, public health activities are documented using 18 public health interventions. //2004//

/2005/ *During FFY 2003, the existing MCH and Family Planning/Reproductive Health Data Systems were replaced with a state-of-the-art web-based application called Secure Public Health Electronic Record Environment (SPHERE). SPHERE is used for collecting data for Maternal and Child Health, Children with Special Health Care Needs, and Family Planning/Reproductive Health. It is a major initiative to begin to transform public health as it relates to developing an integrated, electronic data and information system. This infrastructure activity is an integral part of Wisconsin's public health plan, "Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public". SPHERE includes those measures addressing the 11 health priorities in the state health plan. It is designed as a comprehensive public health system to document and evaluate public health activities and interventions at the individual, household, community, and system level. SPHERE interventions are actions taken on behalf of communities, systems, individuals and families to improve or protect health status. The interventions include: Surveillance; Disease and other Health Event Investigation; Outreach; Case-Finding; Screening; Referral and Follow-up; Case Management; Delegated Functions; Health Teaching; Counseling; Consultation; Collaboration; Coalition Building; Community Organizing; Advocacy; Social Marketing; Policy Development; and*

Policy Enforcement. SPHERE public health activities and interventions help document and provide measurements related to Maternal and Child Health, Children with Special Health Care Needs and Family Planning/Reproductive Health.

Because the statewide "roll out" of SPHERE was delayed, agencies with Title V MCH Block Grant Contracts were allowed to report 2003 required data using SPHERE or a local based system and report to the state in paper format. Nearly 60% of MCH/CSHCN and Reproductive Health contracts reported 2003 data in SPHERE. Thus, in this Block Grant application and report, when 2003 SPHERE data is referenced it may not represent all Title V clients and activities in the State.

SPHERE was developed by the Department of Information Technology (DoIT) at the University of Wisconsin-Madison for the Wisconsin DHFS, DPH, BFCH in cooperation with LPHDs, tribal agencies, and private non-profit agencies. Protecting the privacy and rights of clients and the security of information contained in SPHERE was a high priority for the DHFS, DPH. Access to SPHERE is limited to public health authorities and their authorized agents who have signed a Confidentiality and Security Agreement. Demographic (non-health information) is shared in a statewide registry database. All health information is maintained in a secure local organization database. Breach of confidentiality will result in removal of user's access and may result in penalties for improper disclosure of health information.

The statewide release of SPHERE was delayed due to additional programming, conversion of data, and HIPAA implementation. SPHERE was piloted by ten agencies in February and March. Upon completion of the pilot testing, several changes and edits were made before going statewide. SPHERE statewide trainings were provided through the University of Wisconsin WISLine web. All training documents were posted on the Health Alert Network (HAN). These training documents are available upon request. This method of training is cost effective and allows local staff to participate in the training at their own computers and later review the training on the HAN. However, some staff need additional hands-on-training which is provided by DPH Regional Office staff as needed. WISLine web trainings started in May of 2003. Several trainings were held including the following:

- *Local Organization Administrators (3 Trainings - 90 Organizations)*
- *SPHERE Interventions and Subinterventions (2 Trainings - 121 Organizations)*
- *SPHERE Navigation and Comprehensive Training for Phase 1 (2 Trainings - 121 Organizations)*
- *SPHERE Comprehensive Training for Phase 2 (2 Trainings - 104 Organizations)*
- *Family Planning/Reproductive Health Training (1 Training - 20 Organizations)*
- *Birth Record Training (2 Trainings - 81 Organizations)*

SPHERE was released statewide for users in August of 2003. At the end of FFY 2003, there were approximately 126 organizations using SPHERE with nearly 1,000 users. SPHERE had 85,828 clients in the system (including converted clients) in the first quarter of statewide implementation. In 2003 (January 1, 2003-December 31, 2003) SPHERE was used to document 21,956 unduplicated Individual/Household Public Health Activities and 1,090 Community and System Public Health Activities. The public health activities reported in SPHERE included the following interventions:

INTERVENTION	*Unduplicated Clients**		*Activities**		*Community/ System Activities**
	No	*%*	*No*	*%*	*No*
Advocacy	*214*	*1.0*	*360*	*0.5*	*32*
Case Finding	*611*	*2.8*	*633*	*1.0*	*11*
Case Management	*6,246*	*28.5*	*15,116*	*22.7*	*N/A*
Coalition Building	*N/A*				*131*
Collaboration	*326*	*1.5*	*547*	*0.8*	*115*
Community Organizing	*N/A*				*20*
Consultation	*244*	*1.1*	*395*	*0.6*	*16*
Counseling	*1,097*	*5.0*	*1,670*	*2.5*	*5*
Delegated Functions	*4,574*	*20.9*	*7,998*	*12.0*	*12*
Disease and Health Event Investigation	*380*	*1.7*	*683*	*1.0*	*3*
Health Teaching	*5,887*	*26.9*	*10,523*	*15.8*	*674*
Outreach	*619*	*2.8*	*4,266*	*6.4*	*180*
Policy Development	*N/A*				*13*
Policy Enforcement	*N/A*				*2*
Referral and Follow-up	*4,563*	*20.8*	*7,282*	*10.9*	*17*
Screening	*12,021*	*54.9*	*16,801*	*25.3*	*36*
Social Marketing	*N/A*				*5*
Surveillance	*137*	*0.6*	*251*	*0.4*	*4*

** Data reported in SPHERE does not represent statewide activities for 2003*

The DPH had the opportunity to collaborate with the Bureau of Health Information (BHI), Vital Records to develop and implement a Birth Record Delivery project. LPHDs received paper copies of birth records for each infant whose mother resided in their jurisdiction and BHI, Vital Records wanted to provide these records electronically. Several planning meetings were held with representatives from LPHDs, DPH, BHI, and the Wisconsin Public Health Data Steering Committee. With the birth record serving as the entry point of service for almost all of the MCH initiatives in our state, and with SPHERE being the application used by LPHDs, marrying the birth data with the SPHERE system attained considerable benefit for the State. SPHERE was determined to be the most efficient and secure method for LPHDs to receive electronic birth records. An Initiation Report for the SPHERE Birth Data Delivery Project was developed. Birth record data was imported into SPHERE so that it was available to the appropriate local public health jurisdiction. Leveraging the existing security infrastructure of SPHERE ensured that access to the birth record data was restricted to only those individuals with assigned permissions – and only those records for their particular jurisdiction. The SPHERE option significantly reduced the security risks associated with the current paper process because the data transfers would be highly secure (meeting HIPAA standards) and the control over who could and could not see/use the data would be much greater. The DPH held several WISLine web trainings prior to birth record reports imported into SPHERE. It also provided technical assistance to LPHDs to assure the timely, effective, and appropriate use of the electronic files, allowing them to use the data as required by statute and administrative rule. SPHEREs success was proven by acceptance from the State Registrar as the vehicle to replace paper birth certificates.

The birth record project took precedence over the development of a Program Application Module (PAM) for electronic billing. This PAM is intended to provide a direct electronic format for submitting Medicaid billing information to Electronic Data Systems (EDS). Although delayed, it is considered a high priority and the

*specifications will be written in 2004 and implemented in 2005. SPHERE will also have data sharing with the new statewide WIC web-based application to be implemented in 2005. //**2005**//*

STATE PROGRAM COLLABORATION WITH OTHER STATE AGENCIES AND PRIVATE ORGANIZATIONS

The FHS has contracted with several agencies to address important statewide MCH and CSHCN issues. These statewide and regional projects are not a part of the consolidated process.

/2005/ *In FFY 04, Wisconsin's Title V award was reduced to $11,267,938 due to changes made in the federal population-based formula for distribution of funds to states (based on the number of children in poverty), and the discrepancy between the President's budget and what Congress finally agreed upon for a final block grant funding level. This is a notable difference from the amount awarded to Wisconsin in 2002 of $11,944,802! As a result of the FFY 04 Title V budget reduction, we will cut state operations by 15% beginning July 1, 2004. Further state operation reductions will be undertaken over the next several years that will result in a total ongoing reduction of 19% by 2007. However, it will also be necessary to implement temporary cuts in Title V funded programs at the local level. Therefore, the following four Statewide Projects (Infant Death Center of Wisconsin, Wisconsin Association for Perinatal Care, CHAW, and University of Wisconsin Clinical Genetics Center) will experience a 5% cut beginning July 1, 2004. The Regional CSHCN Centers will experience a 5% cut in CY 2005.*

*The Wisconsin DHFS, DPH designated the Waisman Center as the appropriate agency to apply for a CDC-funded Autism and Developmental Disabilities Monitoring Network grant and agreeing to provide staff time and services as part of the project. The study included all children in a ten county area in southeastern Wisconsin who were eight years old in 2000 (n=36,989). The study will examine diagnoses of Autism Spectrum Disorder (ASD) and mental retardation across clinical and school records, and then match the records to birth and Medicaid records. The investigators expect to get a count of children by type and severity of disability, analyze records from different sources to determine if children diagnosed at school are also diagnosed by health care providers, and determine how many children receive Medicaid services. //**2005**//*

Statewide Services for Sudden, Unexpected Infant Death (Population-Based) - The goals of the Infant Death Center of Wisconsin (IDC-W), are to: 1) Provide information, counseling and support to families, child care providers, health care providers, and others who are affected by the sudden, unexpected death of an infant, 2) Engage in collaborative outreach, educational, and infant mortality review activities that will result in the reduction of preventable infant deaths, and 3) Maintain a database on sudden, unexpected infant death in collaboration with the public health system and national infant mortality review programs.

/2003/ The IDC-W provided 2,572 contacts to 401 families for information and support service reflecting a 13% increase in contacts and a 24% increase in families served from 2000. The Center developed a curriculum for SIDS risk reduction education for ninth grade students in collaboration with teachers and distributed the curriculum to 500 schools and LPHD. //2003//

/2004/ The IDC-W provided 2,076 contacts to 366 families for bereavement support. Additional support services include: facilitating support groups, distributing a newsletter, conducting memorial programs, hosting an annual family conference and providing internet information. Educational sessions on Reducing the Risk of Sudden Infant

Death in the Child Care Setting was conducted at 53 sites to 1,973 child care providers. The curriculum is now incorporated in the vocational schools child care curriculum and available online through the Northeast Wisconsin Technical College. (The IDC-W director collaborated with La Causa to disseminate risk reduction information to Spanish speaking day care providers). Similar educational sessions were provided for community health nurses and outreach workers at GLITC. The IDC-W director serves as chair of the Planning Committee for Healthy Babies in Wisconsin: A Call to Action. //2004//

*/**2005**/ In 2003, the Infant Death Center of Wisconsin provided bereavement services to 201 families and four child care providers affected by a sudden and unexpected infant death. Bereavement support was also provided through memorial programs, newsletters, support groups, a family conference, two memorial walks, a candle lighting ceremony, and grief boxes. Focus groups were held to evaluate current bereavement services to high-risk populations. IDC-W developed a tool to collect data on bereavement counseling sessions and worked with DPH to plan for data collection in SPHERE. The IDC-W was also highlighted in a document published by the Health Research Service Administration identifying two programs that provide services to families who have experienced a sudden and unexpected infant death.*

*IDC-W also focuses on activities to assist in the reduction of infant mortality and disparities. The IDC-W provided leadership for the Healthy Babies in Wisconsin Summit and follow-up activities. Staff participated in Consortia meetings for the two Federal Healthy Start Projects and collaborated with community organizations to disseminate safe sleep information to African American, Native American and Latino Communities. Strategies to decrease the risk of sudden or unexpected infant death was presented to 431 outreach workers at 31 educational sessions offered throughout the state. A SUID risk reduction curriculum developed for child care providers in collaboration with Northeast Wisconsin Technical College is being considered for other disciplines. //**2005**//*

Statewide Perinatal Health System Building Program - *Wisconsin Association for Perinatal Care (WAPC)* is the grantee for the Title V MCH/CSHCN Program funds.

/2003/ The mission of WAPC is to improve perinatal outcomes by:

- Leading collaborative efforts that promote, develop, and coordinate systems of perinatal care in Wisconsin.
- Providing and supporting professional educational programs that focus on the continuum of perinatal care.
- Valuing and engaging the talented and diverse community of perinatal health care advocates.
- Increasing public awareness of perinatal health. WAPC conducted activities addressing perinatal education and early hearing detection and intervention in 2001. //2003//

/2004/ For 2002, perinatal depression was a major WAPC focus. WAPC reconvened the Perinatal Depression Task Force with partners from the DPH, DSL, and parents to develop educational materials and presentations for providers. Efforts were underway with the Perinatal Foundation to increase awareness of perinatal mood disorders through development of post cards and posters and planning for a symposium. Peripartum concerns included: the prevention of postpartum hemorrhage in conjunction with the ACOG Wisconsin Section and maternal and infant transfer from community hospitals to perinatal centers. Regarding Infant Health Care and Family Support, WAPC worked with the Milwaukee Health Department to develop a consumer education message that targets strategies to reduce the risk of infant death. Local WAPC contacts were surveyed to identify bereavement services throughout

the state. Other activities included the promotion of Baby Steps with NICUs in Wisconsin and Minnesota. Perinatal nutrition efforts supported the work of the Breastfeeding Coalition. WAPC implemented the Breastfeeding Educator Program funded by the Perinatal Foundation and WIC and facilitated a session for 62 experienced breastfeeding educators. Early Hearing Detection and Intervention (EHDI) activities included working with the Wisconsin Sound Beginnings (WSB) Program to plan, implement and evaluate a two-day Champions Meeting about EHDI for 50 participants. //2004//

/2005/ *Providing and supporting professional education is a primary activity of WAPC. Over 300 participants attended the 2003 Annual Meeting. WAPC collaborated with the American College of Obstetricians and Gynecologists, Wisconsin Section to provide regional forums on Preventing Postpartum Hemorrhage: A Matter of Patient Safety, attended by more than 350 providers. Educational packets on preventing, identifying and treating postpartum hemorrhage were provided to 106 birthing hospitals in the state. The Perinatal Foundation and WAPC sponsored a Perinatal Mood Disorders Symposium, "You Can't Tell by Looking" with over 225 participants.*

Some additional items in the 2003 agenda included the development of a replacement perinatal database to assure the availability and adequacy of perinatal data; development, distribution, and evaluation of a consumer message about evidence-based practices that have been shown to improve perinatal outcomes; examination of regionalized perinatal care in Wisconsin; promotion of preconception care through promoting the WAPC Becoming a Parent materials; promotion of routine screening of pregnant and postpartum women for depression; participation in the Milwaukee Fetal Infant Mortality Review process and the DHFS maternal mortality review process, including a database of maternal death; and promotion of the use of "Baby Steps" with NICUs. ***//2005//***

Statewide Child Health System Building Program - The *Children's Health Alliance of Wisconsin (CHAW)* housed at Children's Hospital of Wisconsin in Milwaukee provides *Child Health System Building* services statewide. The goals are to build partnerships with diverse organizations and individuals to strengthen the health care system, thereby assuring improvement in the health and well-being of all Wisconsin children. MCH provides the major funding as well as ongoing involvement with the staff and Board of Directors of CHAW through attendance at all Board and Executive Council meetings. MCH management is updated regularly about CHAW activities and meets at least twice annually with CHAW to discuss present and emerging child health issues. Two major activities focused on are health coverage and dental access for children.

/2003/ In 2001, CHAW conducted a Pediatric Asthma Summit and provided leadership to the Wisconsin Asthma Executive Committee. A totally redesigned CHAW's website: **www.chawisconsin.org** was put in place. //2003//

/2004/ The Board of Directors transitioned to function as an Advisory Board and by-laws have been redrafted to reflect this change. Three new Board members have been added and represent diverse populations. A quarterly newsletter with an "MCH Spotlight" is distributed to approximately 3,500 people statewide. The Children's Health Alliance continues to provide leadership to the Wisconsin Asthma Executive Committee. Over 40 "listening sessions" were conducted statewide for input to the proposed state asthma plan and a second Asthma Summit was held on May 9, 2003. //2004//

/2005/ *The Children's Health Alliance during 2003 actively recruited a representative from WALHDAB. They redesigned their logo and newsletter, renamed "Working for Change from Head to Toe" and revised their website.*

*The Board agreed to table efforts to obtain independent 501.C3 status at this time. Under the direction of the Children's Health Alliance, the "Wisconsin Asthma Action Plan" was completed and a set of policy recommendations was adopted by the Wisconsin Oral Health Coalition. Training and technical assistance was provided on both asthma and oral health for LPHDs. Support was also provided for two new initiatives: the Wisconsin Initiative for Infant Mental Health, and the Physical Activity and Nutrition Initiative. //**2005**//*

Statewide Genetic Services - *The University of Wisconsin Madison, Clinical Genetics Center* has subcontracts with: LaCrosse Regional Genetics Program; Northwest Regional Genetics Program; MCW; and ARC-Wisconsin to provide genetic consultation and education in all regions of the state.

/2003/ During 2001, additional effort was made to collaborate with family-centered support groups, expand the genetic services into Racine, and expand genetic services in Ashland and Rhinelander clinics. In August 2001, the two-year genetics planning grant, funded by the MCH Bureau, ended. One of the products was a Genetics Services Plan for Wisconsin. Another product was the establishment of a genetics website: **www.slh.wisc.edu/genetics**. A copy of the Genetics Services Plan can be downloaded from the website. //2003//

/2004/ No significant change. //2004//

/2005/ *Outreach clinics are well-established in Green Bay, Neenah, Eau Claire, Rhinelander, Ashland, and Racine, increasing access to genetic services in all regions of the state.* ***//2005//***

Public Health Information and Referral (PHIR) Services for Women, Children and Families (hotline services) - *Gundersen Lutheran Medical Center - LaCrosse* provides services for the *PHIR Services for Women, Children and Families* contract. The contract supports services for four different hotlines that address a variety of MCH issues to include: Healthy Start, Prenatal Care Coordination (PNCC), WIC, family planning, and women's health. One hotline, Wisconsin First Step, is specifically dedicated to supporting the needs of the Birth to 3 Program and the Regional CSHCN Centers. See Section IV. E. Other Program Activities – Discussion of Toll-Free Hotlines.

The MCH Hotline received 8,242 calls for CY 2000, an increase of 720 calls from 1999. Wisconsin First Step received 1,120 calls for CY 2000 (note: this is the first year Wisconsin First Step has been a part of this contract).

/2003/ The MCH Hotline received 8,976 calls in 2001; an increase of 734 calls from 2000. The Wisconsin First Step Hotline received 1,616 calls in 2001; an increase of 496 calls from 2000. //2003//

/2004/ The MCH Hotline received 8,660 calls in 2002; a decrease of 316 calls from 2001. The Wisconsin First Step (CSHCN) Hotline received 2,098 calls in 2002; an increase of 482 calls from 2001. In addition to the toll-free hotlines, the website **www.mch-hotlines.org** has become a well-utilized resource. In 2002 the website averaged 5,969 hits per month, 8,627 sessions per month (when users navigated to more than one page while on the website) and 1,491 hits to the searchable database feature per month (which contains over 3,000 local, regional, statewide, and national agencies organizations). The annual formal update to the database occurs in the fall. //2004//

/2005/ *The MCH Hotline received 8,033 calls in 2003; a decrease of 627 calls from 2002. Approximately 4% of the calls required Spanish translation. The Wisconsin First Step Hotline received 1,499 calls in 2003; a decrease of 599 calls from 2002. The decrease in call volume on both of these hotlines is due to access of information via the website access,* ***www.mch-hotlines.org****. In addition to responding to calls 24 hours daily on the toll-free hotlines,*

*the website continues to be a well-utilized resource. In 2003 there were over 50,000 hits to the home page of the website. Additional web trends data is unavailable in 2003 due to a web server malfunction. In addition in April 2003, a new database search engine, powered through Resource House software, was implemented on the website. With the implementation of this search engine that displays information in a taxonomy (or classification terms) the results by users showed over 11,400 hits to agencies and programs in the database. The annual database update begins in the fall and is completed in the spring. //**2005**//*

Regional MCH Education and Training Project - In January 2001, each of the five *DPH Regional Offices* received $20,000 to support a Regional MCH Education and Training Project. The goal of this project is to assure the basic capacity and competency of local public health staff (public health educators, nurses, and nutritionists) to effectively address MCH needs at the local level. Each regional office, with assistance from central office, developed a unique training plan to address the specific needs of local public health staff within its jurisdiction. Priority training needs that were identified include electronic record keeping, utilizing the internet, team/coalition building, marketing and data collection, as well as new and emerging public health issues and technologies.

/2003/ In November 2001, DPH Regional Offices co-sponsored a two-day workshop on community needs assessment at two locations in Wisconsin. The workshop provided insight and training on how to plan, conduct, and implement a needs assessment process. //2003//

/2004/ Each DPH Regional Office hosted a one-day workshop entitled Using Data to Evaluate the Health of Your Community. The session provided training and resources on how to utilize the Wisconsin Healthy People 2010. DPH Regional Offices presented a variety of other training sessions. //2004//

/2005/ *"A Public Health Practice Course on Epidemiology and Biostatistics" was presented for the third consecutive year. Feed back from previous participants has led to improvements in the curricula, including the addition of a textbook. Forty-two local public health personnel participated. DPH Regional Offices co-hosted a statewide workshop entitled "Spotlighting Public Health Leadership and Prominence" at two locations. One hundred-six local public health staff attended the workshops, which provided training on how to identify behaviors and attitudes that promote leadership, increase credibility and gain support from decision-makers. DPH Regional Offices provided a variety of other workshops including Nutrition for CSHCN, Moving to a Healthier Lifestyle, Hot Topics in Pediatric Nutrition, A Framework for Understanding Poverty, and Maternal and Child Oral Health: Strategies for Prevention. Regional Training Project funds also supported the participation of five LPHD staff in the Mid-America Regional Public Health Leadership Institute. //**2005**//*

Regional CSHCN Centers - In January 2001, the Title V MCH/CSHCN Program awarded contracts totaling $1,370,000 to continue funding the *Regional CSHCN Centers* in each of the five DPH regions to form a statewide, integrated system for children with special health care needs and their families by increasing the capacity of local communities to serve families. The goals of the Regional CSHCN Centers are to:

- Provide a system of information, referral, and follow-up services so all families of children with special health care needs and providers have access to complete and accurate information.
- Promote a parent-to-parent support network to assure all families have access to parent support services and health benefits counseling.

- Increase the capacity of LPHDs and other local agencies, such as schools, to provide service coordination.
- Work to establish a network of community providers of local service coordination.
- Initiate formal working relationships with LPHDs and establish linkages for improving access to local service coordination.

/2003/ The Regional CSHCN Centers focused on outreach, and brochure development. A poster, similar to the Regional CSHCN Centers brochure, was developed in English and will be developed in Spanish. In 2002, each Regional CSHCN Center will develop a website.

The Regional CSHCN Centers have been working closely with LPHDs to establish a variety of parent support opportunities. Some activities include the identification of a CPL in 90% of Wisconsin counties, identification of local parent support groups, and sponsorship of parent educational opportunities. Currently the Regional CSHCN Centers have formal contracts or MOUs to provide service coordination with 67 of the 72 (93%) counties and continue to strive to subcontract with every county statewide. //2003//

/2004/ The Regional CSHCN Centers continue to provide outreach, information and referral, training, and parent support opportunities. Regional CSHCN Centers continue to provide materials, posters, and other information to make families aware of available services and supports. All five of the Regional CSHCN Centers have a website.

The Regional CSHCN Centers are focusing their work on the six National Core Outcome Objectives for CSHCN. Focusing on medical and dental home, the Centers will provide training activities to ensure that LPHDs, CPLs, and other community members become familiar with how to assist families to identify an appropriate medical/dental home, and what steps providers should take in implementing those activities. In addition to parent support opportunities, the Regional CSHCN Centers agree to support parent to parent matching opportunities. //2004//

/2005/ *The contracts with the five Regional CSHCN Centers are now negotiated using the GAC system. Each CSHCN Center has objectives related to the six Federal CSHCN Core outcome objectives. The Regional CSHCN Centers will experience a 5% budget reduction (similar to the Statewide Projects), however the cut will not be implemented until January 2005.*

The Wisconsin DHFS, DPH designated the Waisman Center as the appropriate agency to apply for a CDC-funded Autism and Developmental Disabilities Monitoring Network grant and agreeing to provide staff time and services as part of the project. The study included all children in a ten county area in southeastern Wisconsin who were eight years old in 2000 (n=36,989). The study will examine diagnoses of ASD and mental retardation across clinical and school records, and then match the records to birth and Medicaid records. The investigators expect to get a count of children by type and severity of disability, analyze records from different sources to determine if children diagnosed at school are also diagnosed by health care providers, and determine how many children receive Medicaid services. ***//2005//***

Wisconsin's Family Planning and Reproductive Health Services Program provides a combination of direct care and support services in all 72 counties. As stated previously, family planning/reproductive health services are funded by Title X in 13 counties at approximately $3,000,000 annually (the current contractor is Planned Parenthood of Wisconsin). For CY 2001, Title V MCH/CSHCN Program and state GPR totaling $3,809,215

provides resources to 51 counties. One county receives only GPR funding by a special statute. Title V MCH/CSHCN Program also funds family planning/ reproductive health agencies for early pregnancy testing [Early Identification of Pregnancy (EIDP)] services in all 72 counties.

LPHDs are providing family planning/reproductive health and EIDP services through a negotiated contract or by subcontract in 22 Wisconsin counties (including the Menominee tribal reservation). They had the "right of first refusal" for these funds and chose to accept them. Funding for the remaining 29 counties was released through a competitive RFP. The following non-public agencies were funded: Planned Parenthood of Wisconsin, Inc.; Family Planning Services, Inc.; Northeast Wisconsin Community Action Agency, Inc.; Berlin Memorial Hospital Women's Health and Resource Center; Douglas County Community Clinic, Inc.; and Vilas County Health Services, Inc. In addition, Title V MCH/CSHCN Program/GPR funding is allocated for a specialized adolescent family planning clinic in Milwaukee at the MCW and additional family planning services at the Oneida tribal health clinic. GPR funds are also used for statewide training, TA, and continuing education by Health Care Education and Training (HCET) and to contract for laboratory services at the State Laboratory of Hygiene.

/2003/ No significant change. //2003//

/2004/ No significant change. //2004//

/2005/** No significant changes. **//2005//

Statewide Training for Family Planning and Reproductive Health Services (HCET) - Year 2000 was the first year for the Training, Continuing Education, and Technical Assistance Project is to support cost-effective services and quality care provided through DPH, Title X, and other publicly-funded family planning services. HCET, Inc. provides training, continuing education, and TA based upon the needs identified by publicly-supported family planning/reproductive health providers.

/2003/ Topics in 2001 included: HIPAA training, CPT/ICD-9 Code Training, CPT-based Cost Accounting, management of patients with cytological abnormalities, Hepatitis B, Folic Acid, and Gonorrhea risk assessment and patient selection criteria. HCET organized a Medicaid Family Planning Waiver (FPW) Implementation Workgroup anticipating implementation of the Waiver by January 1, 2003. HCET organized two meetings of statewide family planning providers to look at statewide access to contraceptive services and related reproductive health services in light of publicly supported services provided in 2000. HCET continued to develop a website **www.hcet.org** featuring distance learning modules. //2003//

/2004/ HCET continues to provide training, continuing education, and TA for Family Planning and Reproductive Health Services statewide. Major work was done in preparation for the January 2003 implementation of the FPW Program. Training topics in 2002 included: CPT and ICD-9 coding, HIPAA, folic acid, teen pregnancy prevention, taking a sexual history, HIV, viral hepatitis, prenatal smoking cessation, and accessing Wisconsin Well Woman program benefits. Wisconsin State Lab of Hygiene updates occurred three times during the year. //2004//

/2005/** HCET continues to provide training, continuing education and TA for Family Planning and Reproductive Health Services statewide and in 2003 also developed materials for a statewide social marketing campaign for use by Family Planning clinics. **//2005//

Wisconsin MCH Program Advisory Committee -

/2003/ The MCH Program Advisory Committee advises and makes recommendations to the Wisconsin DPH that assist in the development and maintenance of a comprehensive MCH program, including children with special health care needs. This committee has strong representation not only from physicians, public health leaders, mental and social health professionals, and HMOs, but also from the two Healthy Start Projects, Regional CSHCN Centers, family members, community leaders, and people of diverse racial and ethnic backgrounds. In 1999, the advisory committee elected a parent of a child with special health care needs as a co-chair. In August 2001, we increased the membership to 53, with 12 new appointments. The number of family representatives is now ten, which constitutes 20% of the members.

In July 2001, we implemented the following changes:

1. More specific direction to the committee on concrete items for which we want and need advice in order to strengthen our program.
2. More intense reflection and advice on how to approach long-term complex issues.
3. A renewal of our commitment to trust, respect, dignity, and cohesion among all who are involved in the committee.

We decided to ask the committee to work on one or more specific objectives for a specified period of time and that we identify as needing its input. We determined these objectives based on the MCH Needs and Strengths Assessment, priorities from state and federal 2010 public health plans, and outcome measures. //2003//

/2004/ The MCH Program Advisory Committee's work regarding its annual objective related to medical/dental home culminated with participation in the Families Managed Advocacy Project (MAP) Conference in September 2002. The conference provided committee members the opportunity to join parents, providers and advocates interested in children with special needs for discussion and collaboration on efforts to develop medical home and managed advocacy programs. In September 2002, Disparities in Perinatal Health was designated as the new annual objective for committee discussion. //2004//

/2005/ *The MCH Program Advisory Committee identified perinatal disparities as its area of focus for 2003. The committee was briefed on perintal outcomes and racial disparities in infant health in Wisconsin by DPH staff. Committee input was used to support the planning and implementation of the Healthy Babies in Wisconsin: A Call to Action perinatal summit co-sponsored by DHFS and several non-governmental health care agencies and organizations. Committee members helped identified potential partners and strategies, and model programs in three key areas: outreach, sustainability, and existing services. In lieu of the June 2003 quarterly committee meeting, members had the opportunity to attend the summit. At the summit, seven action teams were formed to support sustainable activities: five teams based on DPH regions, one African American and one Native American. Committee members serve on these teams, which meet on an ongoing basis to identify new partners and plan strategies to improve the health of mothers and babies in Wisconsin. Committee members also identified facilitation and provision of localized data as key roles DPH could play in supporting ongoing efforts.* ***//2005//***

Annual Symposium -

/2003/ As part of the new direction for the MCH Advisory Committee, the Title V MCH/CSHCN Program decided to convene, a symposium on a current, pressing health topic. //2003//

/2004/ The MCH Advisory Committee has provided input to assist in the planning of the perinatal summit, Healthy Babies in Wisconsin: A Call to Action. Advisory Committee members will participate in this event and determine what their role can be to help address the problem. Participants will discuss solutions that are community-based, family-centered and culturally specific. //2004//

/2005/ *See entry above on MCH Program Advisory Committee.* ***//2005//***

Maternal Mortality Review - A new effort to be undertaken by Title V MCH/CSHCN Program staff is the responsibility for convening a state level maternal mortality review team. Since 1953, the WMS has conducted maternal mortality reviews. Through a MOU with DHFS, potential cases were identified and sent to the SMS semi-annually. The Title V MCH/CSHCN Program CMO and Perinatal Nurse Consultant have attended the case review meetings. All medical records were de-identified and results have been published as ten-year aggregate studies in the Wisconsin Medical Journal.

/2003/ In Wisconsin, 32 maternal deaths have been identified during the three-year period from 1998 to 2000. The next step is to gather information on individual and clinical risks, health care utilization, and community services received. Case-specific data will be summarized and presented to a multi-disciplinary team for a systematic review of important contributing factors amenable to modification or prevention. //2003//

/2004/ The Maternal Mortality Review Program continues. During the four-year period from 1998 to 2001, 37 maternal deaths were identified in Wisconsin. In January 2003, questions related to maternal mortality were added to the birth certificate. In 2003 a recommendation report based on maternal deaths from 1998 to 2001 will be completed. //2004//

/2005/ A report on Pregnancy-Associated Deaths and Pregnancy-Related Deaths in Wisconsin, 1998-2001 identified the following recommendations and strategies:

- *Encourage Medical Examiners and Coroners to perform autopsies in all cases of pregnancy-associated deaths. (Action: Maternal Mortality was presented at the 2004 meeting of Medical Examiners and Coroners.)*
- *Address lifestyle issues related to obesity and smoking during pregnancy.*
- *Educate providers on rapid diagnosis and management of all types of embolic disease.*
- *Educate patients and providers on symptoms of cardiovascular disease, differentiating between symptoms that are not harmful and those that are dangerous.*
- *Address racial disparities in maternal mortality. (Action: Healthy Babies initiative)*
- *Educate providers on rapid recognition and management of postpartum hemorrhage. (Action: 2003 regional forums sponsored by WAPC and ACOG-WI section on Preventing Postpartum Hemorrhage: A Matter of Patient Safety).* ***//2005//***